DECLARATION AND POWER OF ATTORNEY

SOLE INVENTOR

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled ELECTRICAL CONNECTOR WITH ROTATABLE FASTENER, the specification of which,

| \boxtimes | is attached hereto | |
|-------------|--------------------|--------------------------|
| Γ | was filed on | as application Scrial No |

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

Prior Foreign Applications

I hereby claim priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below, the disclosure of which is herein incorporated by reference. I have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is based.

| Country | Application Number | Date of Filing (day, month, year) | Date of Issue (day, month, year) | Priority Claimed Under 35 U.S.C. §119 |
|---------|-----------------------|-----------------------------------|--|---|
| | | | | |

Prior United States Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional applications(s) listed below:

| Application Serial Number | Date of Filing (day, month, year) |
|---------------------------|-----------------------------------|
| | |

I hereby claim the benefit under Title 35 United States Code, § 120 of any United States patent application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37,

Code of Federal Regulation, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial Number | Date of Filing (day, month, year) | Status (Patented, Pending, Abandoned) |
|---------------------------|--------------------------------------|--|
| | | |

Power of Attorney

I hereby appoint all of the attorneys associated with U.S. Patent and Trademark Office Customer No. 001609 of the firm of ROYLANCE, ABRAMS, BERDO & GOODMAN, L.L.P. as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Correspondence and telephone calls are to be directed to:

Alfred N. Goodman ROYLANCE, ABRAMS, BERDO & GOODMAN, L.L.P. 1300 19th Street, N.W., Suite 600 Washington, D.C. 20036 (202) 659-9076

I hereby declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| Signature # | MUATURENZ | Date | 1301 | 2004 |
|------------------------|-------------------------|------------------|------|----------------|
| Full Name of S | | Keith | P | |
| | Family Name | First Given Name | V | Aiddle Initial |
| Residence | 701 Ironwood Road, Alas | meda, CA 94502 | | |
| Citizenship | U.S. | | | |
| Post Office Address | same as residence | | | |